

Personal Support Plan

Name:

Effective Date of Plan:

Meeting Agenda and Notes

Give details of the team's decision, discussion, and any follow up.

Effective Date of PSP:

Location and Time of PSP:

Individual choose the time and location of PSP: Yes ☐ No ☐ If Not, Why?

Introductions of team members: Yes ☐ No ☐

4th Quarter Report Reviewed: Yes ☐ No ☐

Health Checklist / Medical Info. Reviewed: Yes ☐ No ☐ (Reviewed at Pre-PSP meeting) ☐

Other Assessments Reviewed: Yes ☐ No ☐ (Reviewed at Pre-PSP meeting) ☐

Positive Personal Introduction Shared: Yes ☐ No ☐

Review Vision, Develop Outcomes, Yes ☐ No ☐

Action Statements and identify Action Plans: Yes ☐ No ☐

Summarize the discussion of significant topics, disagreements, recommendations, decisions, and responsibilities: